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Office of information unless 8 displays 8 valid CMB control number.

	ATENT A	PPLICA S	TION FEE	DETERMIN.	ATIO	VREC	ORD		Unag	Appl	days a val	d OW	S control num	
Substitute for Form PTO-875 Effective December 8, 2004  APPLICATION AS FILED - PART I										Application or Docket Number				
	~,rdcx	(Column	FILED - PA	VRT ( - (Column 2)		SMALL ENTITY			(	OR	OR SI		R THAN	
BASIC FEE		NUMBER FILED		NUMBER EXTRA		RATE (					SMALL EN		ENTITY	
SEARCH FEE	a (c))	N/A		N/A		NA NA		150.00			RATE (\$)		FEE (I)	
137 CFR 1 16(W, W). O	(m))	. NA		N/A		NIA					NUA	• • •	300.00	
EXAMINATION FEI	(d)). E	NA		N/A		N/A		\$250			N/A		\$500	
TOTAL CLAIMS (37 OFR 1 16(1))		minus 20 ·		-				\$100			· N/A		\$200	
INDEPENDENT QU (37 CFR 1 16(N))	AIMS	minus 3 =				X\$ 25 .			°		X\$50	•	:	
	If the	If the specification and de		MDQS exceed 100		X100				.	X200			
APPLICATION SIZE FEE (37 CFR 1 16(4))	is \$2	50 (\$125 ) onal 50 si	on size fee due	ize fee due each		1	•							
MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1 16(1))					11	+180-	+		$\dashv$	-	+360=			
If the difference in column 1 is less than zero, enter "O" in column 2.									4	L	+300	_		
APPLICATION AS AMENDED - PART II						TOTAL	<u> </u>		J		TOTAL	L		
		O VINICIA	DED - PAR.	T <sub>.</sub> II ·		:			•					
T	(Column 1) CLAIMS		(Column	(Column 3)		SMAL	L ENT	TY YE	0	R .	ОТН	ER T	HAN .	
× 8/23/05	REMAINING AFTER AMENDMENT	NUMBE		PRESENT EXTRA	$\prod$	RATE (\$) ADDI		ADDI-	]	Γ	RATE (\$)	L EN	· ADOI:	
Total  profer Literin  Independent  profer Literin  Application Size F	32	Minus	22	•	Ix	\$ 25		EE (\$)	ł	1		4	FEE (1)	
D7 CFR 1.10(h)	<u> 12</u>	Minus	8	- 4		100	-		OR	-	50 ,		Va . 0.00	
							+-		OR	12	200	10	0000	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))						180=	1			1	360≠	+		
						TAL	1-		OR	TO		1		
	Column 1)		. (Column 2)	Calum m	AU	D'L FEE	<u> </u>		OR	ADO	PL FEE	8	0000	
R	CLAIMS EMAINING		HIGHEST	(Column 3)	<u> </u>		, —							
Total	AFTER. SENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ITE (\$)	ADI TION	VAL I		. RA	TE (\$)		ADOI- ONAL	
(37CFR,1.18(II)		Minus	**	2	XS	25 .	FEE	(3)					EE (S)	
(37 CER 1.18ph))			•••	8'	XI				OR	X\$5				
Application Size Fee (37 CFR 1.16(s))  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16@)						•			OR .	X20	0.	•	].	
	+11	30=			_ }	+36								
* .					TOTA		,		OR L	TOTAL				
If the entry in column If the Highest Number If the Highest Number	1 is less than t	he entry in	column 2, write	"O" in column 3.	ADDI	FEE		' لِــــ	OR .	ADDIL	FEE			
If the 'Highest Number I The 'Highest Number I	Previously P	id For IN	THIS SPACE IS	less than 20, enter										

umber Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. Ine riigness number Previously-Paid For [Total or Independent] is the highest number found in the appropriate box in column 1.

By Collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to piocess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern 17 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.